
February 16, 2017
Risk Adjustment for EDS & RAPS User Group
Q&A Documentation

2:00 p.m. – 3:00 p.m.

MAO-004 Report

Q1. When will CMS publish phase III MAO-004 Reports?

A1. Service Year 2015 Phase III MAO-004 reports were released between March 31 and April 5, 2017. Encounter and chart review records submitted after January 1st, 2014 with dates of service in 2014, 2015, 2016, and 2017 will be distributed the weekend of May 21st, 2017.

Q2. Are all MAO-002 accepted encounter data records included in MAO-004 reports?

A2. No, the MAO-004 reports all MAO-002 accepted records that meet the following criteria:

1. Dates of Service on, or after, January 1, 2014 submitted on or after January 1, 2014.
2. Inpatient record with TOB 11x or 41x; or
3. Outpatient record with TOB 12x, 13x, 14x, 43x, 71x, 72x, 73x, 74x, 75x, 76x, 77x, 79x, 83x, 84x, 85x; or
4. Professional record submitted on an 837-P that contains services from Part B suppliers.

Q3. Will the diagnoses from the Phase III MAO-004 reports be used in the risk score runs?

A3. Yes, final risk score runs will use diagnoses from the Phase III MAO-004 reports. CMS will re-run 2015 risk scores one more time. Final 2016 risk scores will be run with the Phase III diagnoses after the May 1, 2017 encounter data risk adjustment deadline.

Q4. Will the Phase III MAO-004 Reports display indicators to identify whether or not an encounter data record was accepted for risk adjustment?

A4. Yes, Phase III MAO-004 reports will include an indicator that identifies when diagnoses from an encounter data record or chart review record are eligible for risk adjustment.

Risk Adjustment: Filtering and Scores

Q5. Will CMS publish a list of risk adjustment eligible CPT/HCPCS codes?

A5. The list of allowable CPT/HCPCS codes used for filtering diagnoses from encounter data records for each service year is available at https://www.cms.gov/medicare/fraud-and-abuse/physiciansselfreferral/list_of_codes.html.

Similar questions are not listed separately, but combined and published as one question with one answer.

Q6. How will CMS calculate risk scores using Encounter Data, RAPS, and Fee-for-Service data?

A6. CMS will calculate 2017 risk scores by adding 25% of the risk score using encounter data and FFS diagnoses with 75% of the risk score using RAPS and FFS diagnoses.

Q7. How are encounter data submissions incorporated into risk score calculations?

A7. Please reference the 12/22/15 HPMS memo entitled "Final Encounter Data Diagnosis Filtering Logic" related to how CMS will extract risk adjustment eligible diagnoses.

Submissions

Q8. What are the submission deadlines for Risk Adjustment?

A8. For information regarding RAPS and EDS submission deadlines, please reference the 4/27/16 HPMS memo titled "Correction: Deadline for Submitting Risk Adjustment Data for Use in Risk Score Calculation Runs for Payment Years 2016, 2017, and 2018", as well as the 12/29/16 memo titled "Updated Deadline for Submitting Risk Adjustment Data for Use in Final 2016 Risk Score Run and Data Use in Mid-Year 2017 Risk Score Run".

Q9. What are the submission timelines and deadlines for Programs of All-Inclusive Cared for the Elderly (PACE)?

A9. The submission deadlines for MAOs and PACE are the same. Please reference the 4/27/16 HPMS memo titled "Correction: Deadline for Submitting Risk Adjustment Data for Use in Risk Score Calculation Runs for Payment Years 2016, 2017, and 2018", as well as the 12/29/16 memo titled "Updated Deadline for Submitting Risk Adjustment Data for Use in Final 2016 Risk Score Run and Data Use in Mid-Year 2017 Risk Score Run" for additional information.

Q10. What are the acceptable types of bill (TOB) for EDS Submissions?

A10. The Encounter Data System (EDS) accepts the following TOB:

| | | | | | | | | |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 11X | 14X | 22X | 32X | 41X | 74X | 77X | 82X | 89X |
| 12X | 18X | 23X | 33X | 71X | 75X | 79X | 83X | |
| 13X | 21X | 28X | 34X | 72X | 76X | 81X | 85X | |

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Q11. Should Encounter Data submissions include Medicaid services?

A11. No, MAOs must extract the Medicaid service lines from their encounter submissions and include the justification for the extraction in Loop 2300 NTE01=ADD, NTE02=040 (which indicates 'MEDICAID CLAIM CHANGE DUE TO MEDICAID SERVICE LINE EXTRACTION').

If an MAO or other entity submits an encounter with a service line that was partially paid by both Medicare and Medicaid, the MAO or other entity should submit the service line, but exclude the Medicaid paid amount.

Q12. Will CMS accept RAPS and Encounter Data submissions for DOS outside of current submission deadlines for risk adjustment consideration (e.g. DOS 2014)?

A12. Yes, in order to submit complete data, MAOs and other entities should continue to submit encounter data records, even after the risk adjustment deadlines. Please note that only data submitted by the applicable final risk adjustment data submission deadline for each Payment Year (PY) will be considered for risk adjustment.

Q13. Is it possible to submit more than 12 diagnosis codes for a single encounter data record?

A13. Submitters can submit a maximum of 12 diagnoses on a single professional encounter data record and 25 diagnoses on a single institutional encounter data record.

Q14. Will CMS provide guidance for PACE-specific encounter data submission?

A14. Per CMS guidance, PACE organizations are required to submit encounter data for services for which claims are generated or for which encounter data is otherwise available. PACE organizations are not currently required to submit encounters for services provided to PACE participants by PACE staff.

As with MAOs, PACE Organizations must extract Medicaid-only data prior to submission. Services that were partially paid for by both Medicare and Medicaid must be submitted, but should only include the Medicare paid amount.

General

Q15. What are the limits on RAPS error code 502 – “Diagnosis cluster was accepted but not stored. A diagnosis cluster with the same attributes is already stored in the RAPS database.”-- before the MAO is penalized?

A15. The MAO will not be penalized for this error.

Q16. Please explain the Risk Assessment Code of the RAPS layout?

A16. For information on the Risk Assessment Code for the RAPS layout, please refer to the August 14, 2013 and November 29, 2013 HPMS memos on the HPMS website.

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Q17. What is a diagnostic cluster?

A17. The diagnosis cluster on a RAPS record contains the core information regarding each diagnosis submitted by an MA organization. The following components are included in the cluster:

- Provider Type
- From Date
- Through Date
- Delete Indicator
- Diagnosis Code

A maximum of 10 diagnosis clusters are allowed per CCC record in a RAPS submission. Each cluster must include the items identified above. If any of these attributes are submitted more than once for the same HIC number, a duplicate diagnosis cluster error will occur.

Q18. What mitigation strategy should be implemented to avoid RAPS error code 411 - Service Through Date Is Greater Than Date of Death?

A18. In order to avoid this error, the service through date should not be greater than the date of death.

Q19. Will actuaries only receive risk scores from RAPS to complete the 2018 Bid?

A19. CMS has released RAPS-based and encounter data-based Part C and Part D risk scores for actuaries to complete the 2018 bids. For information regarding beneficiary-level files to support the 2018 Part C and Part D bids, please refer to the April 11, 2017 HPMS memos titled, "Incoming File from CMS: beneficiary-level file to support 2018 Part C bids" and "Incoming File from CMS: Beneficiary-level file to support 2018 Part D bids."

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